

TRAUMA STAR AIR AMBULANCE

Resident Fee Waiver Program

TO: ALL RESIDENTS OF MONROE COUNTY

If you are a resident of Monroe County Florida and you were transported by the **Trauma Star** air ambulance on/or after November 4, 2008, you may be eligible for a resident waiver of out of pocket expenses related to Trauma Star transport fees. Please call the County's contracted billing agency toll free at **888-294-4289** to get additional information.

On May 20, 2009 the Monroe County Board of County Commissioners passed Resolution #152-2009 which introduced a fee waiver program for qualifying Monroe County residents using Trauma Star. This waiver of out of pocket expenses is retroactive to November 4, 2008, the date of passage of the voter referendum. The fee waiver is not applicable to transportation by ground ambulance, and is not applicable to transport by any other helicopter.

The County will continue to seek reimbursement from third-party payers, including but not limited to automobile insurance, health care insurance, Medicare, and Medicaid. For qualifying residents, the County Commission will waive any and all balances remaining after third party payments, even in cases when the qualifying residents do not have third party insurance.

To qualify provide the following documents to the County's contracted billing agency to prove residency for waiver consideration.

PROPERTY OWNERS or immediate members of their household:

1. Property tax bill showing that all taxes, including the Trauma Star tax, beginning on November 1, 2009, have been paid and are current **and**;
2. A current Monroe County driver's license or other valid ID showing residency at the address held by the property owner at the time of the incident.

RENTERS or immediate members of their household:

1. A copy of a long-term lease and/or utility bills at the address held by the property owner at the time of the incident **and**;
2. A current Monroe County driver's license or other valid ID showing residency at the address listed on the lease and/or utility bill at the time of the incident.

The term "immediate member of his or her household" means (a) residing at the same address as the property owner, and (b) son, daughter, father, mother, brother, sister, mother-in-law, father-in-law, uncle, aunt, nephew, niece, brother-in-law, sister-in-law, stepfather, stepmother, stepdaughter, stepson, half brother, half sister, grandchild, or domestic partner.

Any questions should be directed to the County's contracted billing agency

Toll free at 888-294-4289

Mail to: ADPI-Intermedix, Atten: Monroe County Trauma Star Waiver Request,
500 NW 165th Street Suite 102,
Miami, FL 33169



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THIS APPLICATION FORM MUST BE SUBMITTED FOR EACH TRAUMA STAR AIR AMBULANCE TRANSPORT INCIDENT BILLED TO BE CONSIDERED FOR THE RESIDENT FEE WAIVER PROGRAM

PATIENT NAME: _____

ADDRESS: _____

TELEPHONE: _____ (W) _____ (H) _____

ACCOUNT NUMBER: _____

DATE OF AIR AMBULANCE TRANSPORT: _____

If the Patient is not the Property Tax owner or named on the rental agreement/utility bill, explain relationship: _____

I am applying to Monroe County Fire Rescue to request a resident fee waiver for my air ambulance transport. I certify that I have provided my insurance information to the County's contracted billing agency for third party billing or that I have no insurance that can be billed for this charge. I certify that I was not transported while involved in the commission of a felony criminal activity. I affirm that the above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein.

Signature of patient

Printed Name of Patient

Date

To qualify please provide the following documents along with this application form to the County's contracted billing agency to prove residency for waiver consideration.

PROPERTY OWNERS or immediate members of their household:

1. Property tax bill showing that all taxes, including the Trauma Star tax, beginning on November 1, 2009, have been paid and are current and;
2. A legible copy of your current Monroe County driver's license or other valid ID showing residency at the address held by the property owner at the time of the incident.

RENTERS or immediate members of their household:

1. A copy of a long-term lease and/or utility bills at the address held by the property owner at the time of the incident and;
2. A legible copy of your current Monroe County driver's license or other valid ID showing residency at the address listed on the lease and/or utility bill at the time of the incident.

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